

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

FILED  
IN CLERK'S OFFICE  
U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT  
OF GEORGIA

In Re: Harry Carpenter McCann and  
Barbara Hunsaker McCann

Case No. 07-80264-MM

Chapter 13

Debtor(s)

Judge: Margaret Murphy

H. REGINA THOMAS,  
CLERK

DEPUTY CLERK

**PETITION FOR PAYMENT OF UNCLAIMED FUNDS**

Comes now the undersigned, to move the Court to enter an order directing payment of unclaimed funds now on deposit in the Registry of the United States Bankruptcy Court.

Claimant, eCAST Settlement Corporation, is a creditor in the above-captioned bankruptcy case and on whose behalf funds were deposited. eCAST has a right to claim said funds due to the following:

1. The above-captioned bankruptcy petition was filed on December 3, 2007.
2. eCAST Settlement Corporation timely filed a Proof of Claim in the amount of \$10,144.99 for account number \*\*\*\*\*8589 in the Debtors' bankruptcy, and later amended their claim to the amount of \$8,715.33, a copy of their claim and amended claim are attached hereto as Exhibit "A".
3. eCAST Settlement Corporation, assignee of GE Money Bank/Old Navy timely filed a Proof of Claim in the amount of \$353.60 for account number \*\*\*\*\*2162 in the Debtors' bankruptcy, a copy of their claim is attached hereto as Exhibit "B".
4. On July 24, 2009, eCAST Settlement Corporation learned from the Chapter 13 Trustee's Office that funds in the amount of \$8,529.93 and \$353.60, that were due to be paid to eCAST Settlement Corporation for their claims, were erroneously sent by the Trustee's office to

the Registry for Unclaimed Funds on March 12, 2009. A copy of the letter from Trustee's Office with copies of the checks are attached hereto as Exhibit "C"

5. eCAST did not receive these funds and remains entitled to these funds as owner of the accounts.

7. eCAST received no other distribution from the bankruptcy towards their claims, which remain unpaid.

WHEREFORE, eCAST Settlement Corporation, Tax Identification Number XX-XXX0500, whose mailing address is P.O. Box 35480, Newark, NJ 07193-5480, and telephone number is (800) 273-9270, applies to the Court for these unclaimed funds in the amount of \$8,529.93 and \$353.60, and certifies that all statements made on this petition and any attachments are, to the best of their knowledge, true and correct. Accordingly, eCAST Settlement Corporation respectfully requests this Honorable Court enter an Order authorizing payment in the sum of \$8,883.53 to eCAST Settlement Corporation.

Dated: 10/30/09




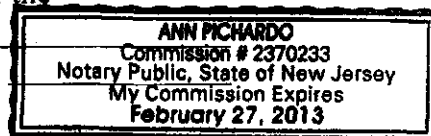
Edward P. Benison  
Executive Vice President  
eCAST Settlement Corporation

XX-XXX0500  
Tax ID Number

Sworn to and subscribed to before  
Me this 30<sup>th</sup> day of October, 2009.

Affix Corporate Seal

  
Notary Public in and for the  
State of \_\_\_\_\_  
My commission expires \_\_\_\_\_



<b>UNITED STATES BANKRUPTCY COURT - NORTHERN DISTRICT OF GEORGIA</b> <b>ATLANTA DIVISION</b>		<b>PROOF OF CLAIM</b> <b>Chapter 13</b>
Name of Debtor: <b>HARRY CARPENTER MCCANN</b> AKA: <b>HARRY MCCANN</b>		Case Number: <b>07-80264-MHM</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>FIA Card Services aka Bank of America</b> by <b>eCAST Settlement Corporation, as its agent</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____  Filed on: _____
Name and address where notices should be sent: <b>eCAST Settlement Corporation</b> <b>P.O. Box 35480</b> <b>Newark, NJ 07193-5480</b>		
Telephone number: <b>(610) 644-7800</b> * see attachment		
Name and address where payments should be sent (if different from above):  Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>10,144.99</u>  If all or part of this claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principle amount of claim. Attach itemized statement of interest or charges.		
2. Basis for Claim: <b>CREDIT CARD DEBT</b> (See instruction #2 on reverse side.)		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)( ): _____  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
3. Last four digits of any number by which creditor identifies debtor: *****8589 3a. Debtor may have scheduled account as: <b>FIA Card Services aka Bank of America</b> (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>10,144.99</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain: _____		
Date: <b>03/27/08</b>  /s/Thomas A. Lee III <b>Becket &amp; Lee LLP, Attorneys/Agent for Creditor</b>		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



EXHIBIT A

MCCANNGA0053

\*By written agreement between Creditor and eCAST Settlement Corporation, eCAST Settlement Corporation has been authorized to file this proof of claim as agent for Creditor pending the Creditor's charge-off of the account and the transfer of the title to the account to eCAST Settlement Corporation. Creditor has further authorized eCAST Settlement Corporation to receive notices and payments with respect to this claim on Creditor's behalf, to be allocated pursuant to the terms of such agreement. ♠

**EXHIBIT A**

<b>UNITED STATES BANKRUPTCY COURT - NORTHERN DISTRICT OF GEORGIA</b> <b>ATLANTA DIVISION</b>		<b>PROOF OF CLAIM</b> <b>Chapter 13</b>
Name of Debtor <b>HARRY CARPENTER MCCANN</b> AKA: <b>HARRY MCCANN</b>		Case Number <b>07-80264-MHM</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>FIA Card Services aka Bank of America</b> by eCAST Settlement Corporation, as its agent Name and address where notices should be sent: <b>eCAST Settlement Corporation</b> <b>P.O. Box 35480</b> <b>Newark, NJ 07193-5480</b> Telephone number: (610) 644-7800 * see attachment		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: <u>8</u>  Filed on: <u>03/31/2008</u>
Name and address where payments should be sent (if different from above)  Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>8,715.33</u>  If all or part of this claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principle amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).  Amount entitled to priority: \$ _____
2. Basis for Claim: <b>CREDIT CARD DEBT</b> (See instruction #2 on reverse side.)		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
3. Last four digits of any number by which creditor identifies debtor: *****8589 3a. Debtor may have scheduled account as: <b>FIA Card Services aka Bank of America</b>  (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>8,715.33</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <b>04/15/08</b>  /s/Thomas A. Lee III Becket & Lee LLP, Attorneys/Agent for Creditor		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

MCCANNGA0053

\*By written agreement between Creditor and eCAST Settlement Corporation, eCAST Settlement Corporation has been authorized to file this proof of claim as agent for Creditor pending the Creditor's charge-off of the account and the transfer of the title to the account to eCAST Settlement Corporation. Creditor has further authorized eCAST Settlement Corporation to receive notices and payments with respect to this claim on Creditor's behalf, to be allocated pursuant to the terms of such agreement. ♠

EXHIBIT A

MCCANN, HARRY CARPENTER  
AKA: MCCANN, HARRY

\*\*\*-\*\*-7372  
975 WALKER DR  
LOCUST GROVE GA, 00000

Bankruptcy Number: 07-80264-MHM  
Filing Date: 12/03/07  
Chapter: 13

FIA Card Services aka Bank of America  
by eCAST Settlement Corporation as its agent  
P.O. Box 35480  
Newark NJ, 07193-5480

ACCOUNT SUMMARY

Account Number: \*\*\*\*\*8589  
a\k\ Account Number:  
Account Type: Credit Card

Open Date: 04/18/02

Charge-Off Date: 02/27/07

Balance at time of filing: \$ 8,715.33

Pursuant to paragraph 7 Official Bankruptcy Form 10, Proof of Claim, in lieu of attaching voluminous account documents, a summary of the account, compiled from the information contained in the account databases of FIA Card Services aka Bank of America, if any, is provided. (See Instructions to Official Form 10). This debt arises from the use of a credit / charge card account or other money loaned, the supporting documents for which were provided by FIA Card Services aka Bank of America, to the debtor pre-petition. For further information about this claim call 1-800-962-6030 and ask to speak to the Claims Servicing Supervisor. Some documents may no longer be available.

EXHIBIT A

FORM B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT - NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION		PROOF OF CLAIM Chapter 13
Name of Debtor BARBARA HUNSAKER MCCANN AKA: BARBARA MCCANN		Case Number 07-80264-MM
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): eCAST Settlement Corporation, assignee of GE Money Bank/Old Navy	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____  Filed on: _____	
Name and address where notices should be sent eCAST Settlement Corporation, assignee of GE Money Bank/Old Navy P.O. Box 35480 Newark, NJ 07193-5480  Telephone number: (610) 644-7800	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Name and address where payments should be sent (if different from above)   Telephone number: _____	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <u>353.60</u>  If all or part of this claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principle amount of claim. Attach itemized statement of interest or charges.	5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) (____).  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
2. Basis for Claim: CREDIT CARD DEBT (See instruction #2 on reverse side.)	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) (____).  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
3. Last four digits of any number by which creditor identifies debtor: *****2162 3a. Debtor may have scheduled account as: Old Navy  (See instruction #3a on reverse side.)	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) (____).  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>353.60</u>	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) (____).  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) (____).  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
Date: 01/29/08  /s/Thomas A. Lee III Becket & Lee LLP, Attorneys/Agent for Creditor		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

Pet: 12/03/07



EXHIBIT B

MCCANN, BARBARA HUNSAKER  
AKA: MCCANN, BARBARA  
\*\*\*-\*\*-3775  
975 WALKER DR  
LOCUST GROVE, GA 30248-2036

BANKRUPTCY NUMBER: 07-80264-MM  
FILING DATE: 12/03/2007  
CHAPTER: 13

eCAST Settlement Corporation, Assignee of GE Money Bank/  
Old Navy  
P.O. Box 35480  
Newark, NJ 07193-5480

ACCOUNT SUMMARY

Account Number: \*\*\*\*\*2162  
Account Type: Credit Card

Balance at Filing Date: \$ 353.60

Pursuant to paragraph 7 Official Bankruptcy Form 10, Proof of Claim, in lieu of attaching voluminous account documents, a summary of the account, compiled from the information contained in the account databases of GE Money Bank, Old Navy, and their agents, if any, is provided. (See Instructions to Official Form 10). This debt arises from the use of a credit / charge card account or other money loaned, the supporting documents for which were provided by GE Money Bank, Old Navy, to the debtor pre-petition. For further information about this claim call 1-800-962-6030 and ask to speak to the Claims Servicing Supervisor. Some documents may no longer be available.

**EXHIBIT B**

ADAM M. GOODMAN  
STANDING CHAPTER 13 TRUSTEE

Northern District of Georgia

Suite 200  
260 Peachtree Street N.W.  
Atlanta, Georgia 30303

ATTORNEYS

Jonathan Clements  
Robert J. Wilkinson  
Jason L. Rogers  
LaSheka T. Payne

Telephone (678)510-1444  
Facsimile (678)510-1450  
Internet [www.13trusteeatlanta.com](http://www.13trusteeatlanta.com)

FACSIMILE COVER SHEET

PLEASE DELIVER THE FOLLOW INFORMATION TO:

NAME:

Katherine Buttenberg

DEPARTMENT:

Becket & Lee

FAX NO.

610-560-0109

FROM:

Paula Ayers, Finance Asst.

WE ARE SENDING 6 PAGE(S) INCLUDING THIS COVER PAGE.  
IF ALL PAGES ARE NOT RECEIVED, PLEASE CONTACT US IMMEDIATELY. THANK YOU

CONFIDENTIAL NOTICE

The information contained in this facsimile message is legally privileged, and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone or return the original message to us via U.S. Postal Service. Thank You!

NOTES Katherine -

Both of these checks were sent to the  
Registry for Unclaimed Funds. There does  
not appear to have been a hold on either  
claim, so we are researching this issue.

EXHIBIT C

WARNING: CHECK PRINTED ON TONER DRUM CHEMICAL REACTIVE PAPER, VOID APPEARS IF COPIED, FLUORESCENT MARKERS, MICRO PRINTING, TRUE WATERMARK AND LADY LINE WITH TRUSTEE NAME.

ADAM M. GOODMAN, STANDING CHAPTER 13 TRUSTEE  
NORTHERN DISTRICT OF GEORGIA  
SUITE 200, 360 PEACHTREE STREET, N.W.  
ATLANTA, GA 30303  
(678) 510-1444

Wachovia Bank  
National Association

387583

Feb 26, 2009

0387583

DATE

**PAY** Exactly Eight Thousand Five Hundred Twenty-Nine And 93 / 100 Dollars

\$ \*\*\*\*\*8,529.93

CLERK OF COURT FOR

eCAST SETTLEMENT CORPORATION  
P.O. BOX 35480  
NEWARK, NJ 07193-5480

TO  
THE  
ORDER  
OF

PLEASE DEPOSIT IMMEDIATELY  
VOID AFTER 90 DAYS

*AM Goodman*

*Jan 2, 2009*

MAR 11 2009

⑈387583⑈ ⑆061000227⑆2000736490649⑈

⑈0000852993⑈

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

BANK OF AMERICA NA ATL  
06/29/09 03/16/09  
100744528

ENDORSE HERE  
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
CREDIT TO THE  
TREASURY

Posting Date	Posting Account	Amount	Serial No.	Sequence No.	CD Volume
3/16/2009	2000736490649	\$8529.93	387583	6854249710	09040609254401
Issue Date					

Wachovia National Bank certifies that the above image is a true and exact copy of the original item issued by the named customer, and was produced from original data stored in the archives of Wachovia National Bank or its predecessors.

EXHIBIT C

Check No. 0387583  
Date: 02/26/2009

Payee: eCAST SETTLEMENT CORPORATION

Case No.	Debtor Name(s)	SSN1	SSN2	Claim #	Account Number	Payment Amount	Interest Payment	Balance
0780264	HARRY CARPENTER MCCANN & BARBARA HUNSAI	7372	7372	00007	8589	8,528.93	0.00	0.00

TOTALS

8,528.93

0.00

0.00

Page 1 of 1

EXHIBIT C

112 4243

WARNING: CHECK PRINTED ON TONER AND CHEMICAL REACTIVE PAPER, VOID APPEARS IF COPIED, FLUORESCENT FIBERS, MICRO PRINTING, TRUE WATERMARK AND LAD LINES WITH TRUSTEE NAME.

ADAM M. GOODMAN, STANDING CHAPTER 13 TRUSTEE  
NORTHERN DISTRICT OF GEORGIA  
SUITE 300, 260 PEACHTREE STREET, N.W.  
ATLANTA, GA 30303  
(678) 510-1444

WACHOVIA BANK  
NATIONAL ASSOCIATION  
M-022  
010

Wachovia Bank  
National Association

0387588

DATE.

387588  
Feb 26, 2009

PAY Exactly Three Hundred Fifty-Three And 60 / 100 Dollars

CLERK OF COURT FOR

ECAST SETTLEMENT CORPORATION  
P.O. BOX 35480  
NEWARK, NJ 07193-5480

MAR 11 2009

PLEASE DEPOSIT IMMEDIATELY  
VOID AFTER 90 DAYS

*AM Goodman*  
*Jan L. Ryan*

\$ \*\*\*\*\*353.60

⑈387588⑈ ⑆061000227⑆2000736490649⑈

⑈0000035360⑈

FEDERAL RESERVE BOARD OF GOVERNORS REG CC  
UNIVERSITY MICROFILMS  
SERIALS ACQUISITION  
300 N ZEEB RD  
ANN ARBOR MI 48106-1500  
U.S.A.

BANK OF AMERICA, NA ATL  
06610000524 E-988 94 P66  
03/16/09

1100744533

ENDORSE HERE  
X  
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
UNIVERSITY MICROFILMS  
SERIALS ACQUISITION  
300 N ZEEB RD  
ANN ARBOR MI 48106-1500  
U.S.A.  
FOR CREDIT TO THE  
U.S. TREASURY

Posting Date	Posting Account	Amount	Serial No.	Sequence No.	CD Volume
3/16/2009	2000736490649	\$353.60	387588	6654249760	09040609254401
Issue Date					

Wachovia National Bank certifies that the above image is a true and exact copy of the original item issued by the named customer, and was produced from original data stored in the archives of Wachovia National Bank or its predecessors.

EXHIBIT C

Payee: eCAST SETTLEMENT CORPORATION

Check No. 0387588  
Date: 02/26/2009

Case No.	Debtor Name(s)	SSN1	SSN2	Claim #	Account Number	Payment Amount	Interest Payment	Balance
0780264	HARRY CARPENTER MCCANN & BARBARA HUNSAI	7372	7372	00018	2162	353.60	0.00	0.00

TOTALS

353.60

0.00

0.00

Page 1 of 1

EXHIBIT C

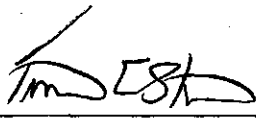
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

In Re: Harry Carpenter McCann and	:	Case No. 07-80264-MM
Barbara Hunsaker McCann	:	
	:	Chapter 13
	:	
Debtor(s)	:	Judge: Margaret Murphy

**STATEMENT OF SIGNING OFFICER'S AUTHORITY**

I, Tim Stapleford, Corporate Secretary of eCAST Settlement Corporation, hereby verify that Edward P. Benison, Executive Vice President, is a duly authorized representative of eCAST Settlement Corporation, and is authorized to sign for and accept funds on behalf of eCAST Settlement Corporation in the foregoing Petition for Payment of Unclaimed Funds.

Dated: 10/30/09

  
\_\_\_\_\_  
Tim Stapleford, Corporate Secretary  
eCAST Settlement Corporation

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

In Re: Harry Carpenter McCann and : Case No. 07-80264-MM  
Barbara Hunsaker McCann :  
: Chapter 13  
: Debtor(s) : Judge: Margaret Murphy

**CERTIFICATE OF SERVICE**

The undersigned, Cindy Walsh, of Becket & Lee LLP, P.O. Box 3001, Malvern, PA 19355, hereby certifies:

That I am, and at all times hereinafter mentioned, was more than 18 years of age, and that on the 3<sup>rd</sup> day of November, 2009, I served a copy of the foregoing Petition for the Payment of Unclaimed Funds, upon the parties listed below by First Class Mail:

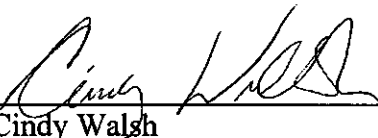
United States Attorney  
1800 Richard Russell Federal Building  
75 Spring Street SE  
Atlanta, GA 30303

Adam M. Goodman, Trustee  
260 Peachtree Street, Suite 200  
Atlanta, GA 30303

Harry Carpenter McCann  
Barbara Hunsaker McCann  
975 Walker Drive  
Locust Grove, GA 30248

Carol A. Colliersmith, Esquire  
3535 Roswell Road, Suite 7  
Marietta, GA 30062-8827

Executed 11/3/09  
(date)

By:   
Cindy Walsh  
Becket & Lee LLP